Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4065AGC	A. BUILDING _____ B. WING _____	11/12/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HEARTS ALZHEIMER'S FACILITY	155 EMDEN DRIVE HENDERSON, NV 89015

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Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The facility was licensed for 6 total beds. The facility had the following category classified beds: 6 Category 2 beds. The facility had the following endorsements: Residential facility for persons with Alzheimer's disease. The census at the time of the survey was two (2) residents. Two (2) resident files, 1 closed file and 5 employee files were reviewed. The following regulatory deficiencies were identified:	Y 000		
Y 207 SS=C	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that	Y 207		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 207	Continued From page 1 has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the sprinkler system was inspected annually. Findings include: During the initial tour of the facility on 11/12/08, the inspection tag for the facility's automatic sprinkler system had expired. The last date of inspection was 10/07. Severity: 1 Scope: 3	Y 207		
Y 599 SS=C	449.268(2) Grievances NAC 449.268 2. The administrator of a residential facility shall provide a procedure to respond immediately to grievances, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an	Y 599		

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Y 599	Continued From page 2 incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken. This Regulation is not met as evidenced by: Based on document review and interview on 11/12/2008, the facility lacked a written policy and procedure on grievances, incidents and complaints. Findings include: Employee #1 reported she did not have a written grievance policy. There was no posted grievance policy. There were no grievance policy located in the resident's or employee's files. There was no policy and procedure book available for review. Severity: 1 Scope: 3	Y 599		
Y 698 SS=F	449.2712(2)(b)(5) Oxygen-Tanks secured to wall or racks NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) Ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall.	Y 698		

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Y 698	Continued From page 3 This Regulation is not met as evidenced by: Based on observation on 11/12/08, the facility failed to secure oxygen tanks in a rack or to the wall. During an initial tour of the facility on 11/12/08, two oxygen tanks were observed standing unsecured in the front closet. Repeat deficiency from survey dated 10/9/07. Severity: 2 Scope: 3	Y 698		
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review the facility failed to obtain the results of an annual and initial physical examination by a physician for 2 of 3 sampled residents (#1, #2 #3).	Y 859		

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Y 859	Continued From page 4 Findings include: Resident #1 - date of admission was 5/31/03. The resident's file failed to contain the results of an annual physical examination by a physician for 2008. Resident's last annual physical was 08/03/07. Resident #2 - date of admission 11/11/08. The resident's file failed to provide evidence of the results of an admission physical examination. Resident #3 - closed file. The file failed to provide evidence of the results of an admission physical examination. Severity 2 Scope 3	Y 859		
Y 876 SS=B	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that an ultimate user agreement was signed for the closed file of Resident #3. Findings include: Review of Resident #3 closed file, failed to	Y 876		

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Y 876	Continued From page 5 provide evidence of a signed ultimate user agreement that authorized the facility to administer medications to the resident. Severity: 1 Scope: 2	Y 876		
Y 937 SS=F	449.2749(1)(f) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (f) The types and amounts of protective supervision and personal services needed by the resident. This Regulation is not met as evidenced by: NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken	Y 937		

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Y 937	Continued From page 6 within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually	Y 937		

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Y 937	Continued From page 7 thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a	Y 937		

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Y 937	Continued From page 8 health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) Based on record review on 11/12/08, the facility failed to ensure residents had received the required tuberculosis (TB) skin testing, and had the required tuberculosis (TB) documentation in their file for 2 of 3 sampled residents (#2 #3).	Y 937		

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Y 937	Continued From page 9 Findings Include: Resident #2 admitted to facility 11/11/08 failed to have any TB screening documentation in their file. The closed file of Resident #3 failed to have any TB screening documentation in their file. Severity: 2 Scope: 3	Y 937		
YA645 SS=B	449.2704(1-5) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The services included in the basic rate; 4. The charges for optional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used. This Regulation is not met as evidenced by: Based on record review on 11/12/08, the facility failed to ensure residents had a rate agreement signed by the Administrator and the resident or a representative for the resident for 1 of 3 sampled residents (#3). Findings include:	YA645		

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YA645	Continued From page 10 Resident #3's file failed to contain a copy of a rate agreement signed by the Administrator and the resident or a representative for the resident. Severity: 1 Scope: 2	YA645		